

# FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

07 JUL 13 PM 4:52 AD

Office Use Only

1. NAME OF  
COMMITTEE (in full)

USE FEC MAILING LABEL  
OR TYPE OR PRINT ▼

Example: If typing, type  
over the lines

Bob Casey for Senate Inc

ADDRESS (number and street)

607 14th Street, N.W.

Suite 800



Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C00431056

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

PA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the  
State of

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

04

01

2007

through

06

30

2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Thomas Leonard

Signature of Treasurer

Electronically Filed by Thomas Leonard

Date

07

13

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only

FEC FORM 3  
(Revised 02/2003)

27020213004

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Bob Casey for Senate Inc

Report Covering the Period:

From:

M M  
0 4D D  
0 1Y Y Y Y Y  
2 0 0 7

To:

M M  
0 6D D  
3 0Y Y Y Y Y  
2 0 0 7

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e)).....	28200.00	85968.23
(b) Total Contribution Refunds (from Line 20(d)).....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	28200.00	85968.23
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17).....	60245.07	62071.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	5075.48	24681.48
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	55169.59	37389.83
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	42512.87	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

27020213005

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 02/2003)

Page 3

Write or Type Committee Name  
Bob Casey for Senate Inc

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	0	7

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees	0.00	33300.00
(i) Itemized (use Schedule A).....	200.00	668.23
(ii) Unitemized.....	200.00	33968.23
(iii) TOTAL of contributions from individuals..... ▶	200.00	33968.23
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACS).....	28000.00	52000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	28200.00	85968.23
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....</b>	35021.16	35182.17
<b>13. LOANS</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....</b>	5075.48	24681.48
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	3334.80	4974.96
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	71631.44	150806.84

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
17. OPERATING EXPENDITURES.....	60245.07	62071.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.....	0.00	40000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of all Other Loans.....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS.....	3640.16	7640.16
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ➤	63885.23	109711.47

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	34766.66
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page3).....	71631.44
25. SUBTOTAL (add Line 23 and Line 24).....	106398.10
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	63885.23
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	42512.87

27020213007

**FEC FORM 3Z (File with Form 3)**

**CONSOLIDATION REPORT OF RECEIPTS AND DISBURSEMENTS**

(To Be Used By A Principal Campaign Committee)

Name of Principal Campaign Committee (In Full)		Report Covering Period:	
Bob Casey for Senate, Inc.		From:	To:
		04 / 01 / 2007	06 / 30 / 2007

  

Committee Name		(a) Line No. 11(a) Total Contributions From Indiv./Persons Other Than Political Committees	(b) Line No. 11(b) Total Contributions From Political Party Committees
A	Bob Casey for Pennsylvania Committee, Inc.	0	0
B	Column Total Last Page Only.....	200.00	0

  

	(c) Line No. 11(c) Total Contributions From Other Political Committees	(d) Line No. 11(d) Total Contributions From The Candidate	(e) Line No. 11(e) Total Contributions	(f) Line No. 12 Total Transfers From Other Authorized Committees	(g) Line No. 13(a) Total Loans Made or Guaranteed by the Candidate	(h) Line No. 13(b) Total All Other Loans
A	0	0	0	0	0	0
B	28,000.00	0	28,200.00	35,021.16	0	0

  

	(i) Line No. 13(c) Total Loans	(j) Line No. 14 Total Offsets to Operating Expenditures	(k) Line No. 15 Total Other Receipts	(l) Line No. 16 Total Receipts	(m) Line No. 17 Total Operating Expenditures	(n) Line No. 18 Total Transfers to Other Authorized Committees
A	0	0	0	0	13,977.12	35,021.16
B	0	5,075.48	3,334.80	71,631.44	74,222.19	35,021.16

  

	(o) Line No. 19(a) Total Loan Repayments of Loans Made or Guaranteed by The Can- didate	(p) Line No. 19(b) Total Loan Repayments of All Other Loans	(q) Line No. 19(c) Total Loan Repayments	(r) Line No. 20(a) Total Contribution Refunds to Individuals/Persons	(s) Line No. 20(b) Total Contribution Refunds to Political Party Committees	(t) Line No. 20(c) Total Contribution Refunds to Other Political Committees
A	0	0	0	0	0	10,800.00
B	0	0	0	0	0	10,800.00

  

	(u) Line No. 20(d) Total Contribution Refunds	(v) Line No. 21 Total Other Disbursements	(w) Line No. 22 Total Disbursements	(x) Line No. 23 Cash on Hand Beginning of Reporting Period	(y) Line No. 27 Cash on Hand Close of Reporting Period	(z) Line No. 9 Debts & Obligations Owed TO the Committee
A	10,800.00	0	59,798.28	83,333.38	23,535.10	0
B	10,800.00	3,640.16	123,683.51	118,100.04	66,047.97	0

  

	(aa) Line No. 10 Debts & Obligations Owed BY the Committee	(bb) Line No. 8(c) Net Contributions	(cc) Line No. 7(c) Net Operating Expenditures
A	0	(10,800.00)	13,977.12
B	0	17,400.00	69,146.71

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 5 / 27	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Bob Casey for Senate Inc**

Full Name (Last, First, Middle Initial) <b>A. FMR Corp. PAC</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address <b>82 Devonshire Street</b>		Transaction ID: <b>C1578281</b>	
City <b>Boston</b>	State <b>MA</b>	Zip Code <b>02109</b>	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. <b>C C00380550</b>			
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) <b>B. Anheuser-Busch Companies Inc. Pac</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2007	
Mailing Address <b>One Busch Place 202-5</b>		Transaction ID: <b>C1578371</b>	
City <b>St. Louis</b>	State <b>MO</b>	Zip Code <b>63118</b>	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. <b>C C00034488</b>			
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00		

Full Name (Last, First, Middle Initial) <b>C. AT&amp;T Inc. PAC</b>		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address <b>175 E. Houston Street Room 7-A-50</b>		Transaction ID: <b>C1578282</b>	
City <b>San Antonio</b>	State <b>TX</b>	Zip Code <b>78205</b>	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. <b>C C00185124</b>			
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

27020213009

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 6 / 27	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial) A. Mortgage Bankers Association PAC		Date of Receipt MM / DD / YYYY 06 / 22 / 2007	
Mailing Address 1919 Pennsylvania Ave NW		Transaction ID: C1578372	
City Washington	State DC	Zip Code 20006	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C C00004812			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 1000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) B. Norfolk Southern Corp. Good Government Fund		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address Three Commercial Place		Transaction ID: C1578284	
City Norfolk	State VA	Zip Code 23510	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00009282			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) C. J.P. Morgan Chase & Company PAC		Date of Receipt MM / DD / YYYY 05 / 25 / 2007	
Mailing Address 10 S. Dearborn Street IL 1-0520		Transaction ID: C1578565	
City Chicago	State IL	Zip Code 60603	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00104299			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
SUBTOTAL of Receipts This Page (optional) .....		6000.00	
TOTAL This Period (last page this line number only) .....			

27020213010

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 7 / 27	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial) A. Federal National Mortgage Association PAC		Date of Receipt MM / DD / YYYY 06 / 11 / 2007	
Mailing Address 3900 Wisconsin Avenue NW		Transaction ID: C1578285	
City Washington	State DC	Zip Code 20016	Amount of Each Receipt this Period 2500.00
FEC ID number of contributing federal political committee. C C00393520			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) B. Citigroup Inc. PAC		Date of Receipt MM / DD / YYYY 06 / 18 / 2007	
Mailing Address 1101 Pennsylvania Avenue, NW Suite		Transaction ID: C1578365	
City Washington	State DC	Zip Code 20004	Amount of Each Receipt this Period 2000.00
FEC ID number of contributing federal political committee. C C00008474			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 2000.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
Full Name (Last, First, Middle Initial) C. Pennsylvania Credit Union Legislative Action Commi		Date of Receipt MM / DD / YYYY 04 / 12 / 2007	
Mailing Address 4309 North Front Street		Transaction ID: C1562056	
City Harrisburg	State PA	Zip Code 17110	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C C00109397			
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 500.00	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)	
SUBTOTAL of Receipts This Page (optional) .....		5000.00	
TOTAL This Period (last page this line number only) .....			

27020213011



**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 27  
(check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

<b>A. General Motors Corp. PAC</b> Full Name (Last, First, Middle Initial) Mailing Address 25 Massachusetts Avenue NW Suite 400 City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> C00076810 Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt MM / DD / YYYY 06 / 18 / 2007 Transaction ID: C1578286 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B. Securities Industry and Financial Markets Associat</b> Full Name (Last, First, Middle Initial) Mailing Address 1425 K Street NW, 7th Floor City Washington State DC Zip Code 20005 FEC ID number of contributing federal political committee. <b>C</b> C00431312 Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt MM / DD / YYYY 06 / 11 / 2007 Transaction ID: C1578566 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C. Credit Union Legislative Action Council</b> Full Name (Last, First, Middle Initial) Mailing Address 601 Pennsylvania Avenue NW South Building Suite 600 City Washington State DC Zip Code 20004 FEC ID number of contributing federal political committee. <b>C</b> C00007880 Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2000.00		Date of Receipt MM / DD / YYYY 04 / 12 / 2007 Transaction ID: C1562057 Amount of Each Receipt this Period 2000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		7000.00
<b>TOTAL</b> This Period (last page this line number only) .....		

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: **PAGE 9 / 27**  
(check only one)  
☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

<b>A.</b> Full Name (Last, First, Middle Initial) McGuire Woods PAC Mailing Address One James Center 901 E. Cary Street City Richmond State VA Zip Code 23219 FEC ID number of contributing federal political committee. <b>C</b> C00225342 Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 18 / 2007 Transaction ID: C1578367 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>B.</b> Full Name (Last, First, Middle Initial) Carpenters' Legislative Improvement Committee Mailing Address 101 Constitution Ave NW Tenth Floor West City Washington State DC Zip Code 20001 FEC ID number of contributing federal political committee. <b>C</b> C00001016 Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 2500.00		Date of Receipt MM / DD / YYYY 04 / 30 / 2007 Transaction ID: C1562108 Amount of Each Receipt this Period 2500.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>C.</b> Full Name (Last, First, Middle Initial) Federal Home Loan Mortgage Corp. PAC Mailing Address 8200 Jones Branch Drive City Mc Lean State VA Zip Code 22102 FEC ID number of contributing federal political committee. <b>C</b> C00404129 Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1000.00		Date of Receipt MM / DD / YYYY 06 / 18 / 2007 Transaction ID: C1578368 Amount of Each Receipt this Period 1000.00 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
<b>SUBTOTAL</b> of Receipts This Page (optional) .....		4500.00
<b>TOTAL</b> This Period (last page this line number only) .....		28000.00

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
 or each category of the  
 Detailed Summary Page

FOR LINE NUMBER:		PAGE 10 / 27	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full) Bob Casey for Senate Inc	
Full Name (Last, First, Middle Initial) A. Bob Casey for Pennsylvania Committee	
Mailing Address 607 14th Street, N.W. Suite 800	
City Washington	State Zip Code DC 20005
FEC ID number of contributing federal political committee. C C00410225	Date of Receipt MM / DD / YYYY 06 / 27 / 2007
Name of Employer	Occupation
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: C1578568 Amount of Each Receipt this Period 35021.16
Election Cycle-to-Date ▼ 35021.16	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Transfer

SUBTOTAL of Receipts This Page (optional) .....	35021.16
TOTAL This Period (last page this line number only) .....	35021.16

27020213014

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 11 / 27	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14 <input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**Bob Casey for Senate Inc**

Full Name (Last, First, Middle Initial) <b>A. Richard W. Coelho, Jr.</b>		Date of Receipt MM / DD / YYYY <b>04 / 02 / 2007</b>
Mailing Address <b>1371 Wyoming Avenue Floor 2</b>		Transaction ID: <b>C1561940</b>
City <b>Scranton</b>	State <b>PA</b>	Zip Code <b>18509</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>502.72</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>971.42</b>	
		COBRA Insurance

Full Name (Last, First, Middle Initial) <b>B. Jay Evan Reiff</b>		Date of Receipt MM / DD / YYYY <b>04 / 05 / 2007</b>
Mailing Address <b>200 S. Dawson Street Suite 404</b>		Transaction ID: <b>C1562052</b>
City <b>Raleigh</b>	State <b>NC</b>	Zip Code <b>27601</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>251.34</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1011.42</b>	
		COBRA Insurance

Full Name (Last, First, Middle Initial) <b>C. David J. Wolkoff</b>		Date of Receipt MM / DD / YYYY <b>04 / 05 / 2007</b>
Mailing Address <b>1891 Tilton Drive</b>		Transaction ID: <b>C1562053</b>
City <b>Pittsburgh</b>	State <b>PA</b>	Zip Code <b>15241</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>251.36</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>251.36</b>	
		COBRA Insurance

SUBTOTAL of Receipts This Page (optional) .....	<b>1005.42</b>
TOTAL This Period (last page this line number only) .....	

27020213015

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:	PAGE 12 / 27
(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Bob Casey for Senate Inc**

Full Name (Last, First, Middle Initial) <b>A. Cristin Lettich</b>		Date of Receipt MM / DD / YYYY <b>04 / 22 / 2007</b>
Mailing Address <b>212 Kirkbrae Road</b>		Transaction ID: <b>C1561614</b>
City <b>Kennett Square</b>	State <b>PA</b>	Zip Code <b>19348</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>217.34</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1086.70</b>	
		COBRA Insurance

Full Name (Last, First, Middle Initial) <b>B. Rebecca M. McNichol</b>		Date of Receipt MM / DD / YYYY <b>04 / 05 / 2007</b>
Mailing Address <b>133 Bickley Road</b>		Transaction ID: <b>C1562054</b>
City <b>Glenside</b>	State <b>PA</b>	Zip Code <b>19038</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>218.00</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>1089.34</b>	
		COBRA Insurance

Full Name (Last, First, Middle Initial) <b>C. Verizon Communications</b>		Date of Receipt MM / DD / YYYY <b>04 / 13 / 2007</b>
Mailing Address <b>PO Box 28000</b>		Transaction ID: <b>C1562055</b>
City <b>Lehigh Valley</b>	State <b>PA</b>	Zip Code <b>18002-8000</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>973.25</b>
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ <b>2953.23</b>	
		Refund

SUBTOTAL of Receipts This Page (optional)	<b>1408.59</b>
TOTAL This Period (last page this line number only)	

27020213016

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:		PAGE 13 / 27	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input checked="" type="checkbox"/> 14
			<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
 Bob Casey for Senate Inc

<b>A.</b> Full Name (Last, First, Middle Initial) USPS Mailing Address Federal Square Station City Harrisburg State PA Zip Code 17108 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1438.03		Date of Receipt MM / DD / YYYY 06 / 01 / 2007 Transaction ID: C1562497 Amount of Each Receipt this Period 1438.03 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Refund
---	--	---

<b>B.</b> Full Name (Last, First, Middle Initial) Kathy Chan Mailing Address 45 Mullen Avenue City San Francisco State CA Zip Code 94111 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 754.08		Date of Receipt MM / DD / YYYY 05 / 08 / 2007 Transaction ID: C1562218 Amount of Each Receipt this Period 251.36 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) COBRA Insurance
---	--	---

<b>C.</b> Full Name (Last, First, Middle Initial) Perry, David Jake Mailing Address 2020 Walnut St., Apt. 7G City Philadelphia State PA Zip Code 19103 FEC ID number of contributing federal political committee. C Name of Employer Occupation Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Election Cycle-to-Date ▼ 1005.44		Date of Receipt MM / DD / YYYY 04 / 02 / 2007 Transaction ID: C1561939 Amount of Each Receipt this Period 754.08 <input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) COBRA Insurance
--	--	---

SUBTOTAL of Receipts This Page (optional) .....	2443.47
TOTAL This Period (last page this line number only) .....	2443.47

27020213017

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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☐ 12 ☐ 13a ☐ 13b ☒ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

A. Rebecca M. McNichol

Mailing Address 133 Bickley Road

City

Glenside

State

PA

Zip Code

19038

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2012

☒ Primary

☐ General

☐ Other (specify) ▼

Election Cycle-to-Date ▼

1089.34

Date of Receipt

MM / DD / YYYY  
05 / 02 / 2007

Transaction ID: C1562109

Amount of Each Receipt this Period

218.00

☐ Limit Increased Due to Opponent's  
Spending (2 U.S.C. 441a(i)/441a-1)

COBRA Insurance

SUBTOTAL of Receipts This Page (optional) .....

218.00

TOTAL This Period (last page this line number only) .....

5075.48

**SCHEDULE A (FEC Form 3 )**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 27  
(check only one)  
☐ 11a ☐ 11b ☐ 11c ☐ 11d  
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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial) A. AB Data, LTD.		Date of Receipt MM / DD / YYYY 06 / 01 / 2007
Mailing Address PO Box 170062		Transaction ID: C1578567
City MILWAUKEE	State WI	Zip Code 53217-8000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 3034.80
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11255.54	
Full Name (Last, First, Middle Initial) B. AB Data, LTD.		Date of Receipt MM / DD / YYYY 06 / 01 / 2007
Mailing Address PO Box 170062		Transaction ID: C1562498
City MILWAUKEE	State WI	Zip Code 53217-8000
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer	Occupation	<input type="checkbox"/> Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Election Cycle-to-Date ▼ 11255.54	

SUBTOTAL of Receipts This Page (optional) .....

3334.80

TOTAL This Period (last page this line number only) .....

3334.80



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

A. U Store IT

Mailing Address 501 Callowhill Street

City Philadelphia State PA Zip Code 19123

Purpose of Disbursement  
Storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108200

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

87.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. UPS

Mailing Address PO Box 4980

City Hagerstown State MD Zip Code 21747-4980

Purpose of Disbursement  
Shipping

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D105810

Date of Disbursement

04 / 11 / 2007

Amount of Each Disbursement this Period

265.93

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. James W. Brown

Mailing Address 383 Russell

City Washington State DC Zip Code 20510

Purpose of Disbursement  
Reimbursement-Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D106040

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

239.54

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

592.47

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 27

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NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

A. United Food & Commercial Workers Local 1776

Mailing Address 3031 Walton Road  
Suite 201

City State Zip Code  
Plymouth Meeting PA 19462

Purpose of Disbursement  
Catering, Rentals, Event Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D106150

Date of Disbursement

05 / 22 / 2007

Amount of Each Disbursement this Period

2768.63

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Get Active

Mailing Address 2855 Telegraph Ave., Ste. 600

City State Zip Code  
Berkeley CA 94705

Purpose of Disbursement  
Web Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108201

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

1505.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. One Communications

Mailing Address PO Box 1927

City State Zip Code  
Albany NY 12201

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D105811

Date of Disbursement

04 / 11 / 2007

Amount of Each Disbursement this Period

1180.71

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5454.34

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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20a 20b 20c 21

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

<p>Full Name (Last, First, Middle Initial) <b>A. Perkins Coie</b></p> <p>Mailing Address 1201 3rd Ave., 40th Fl</p> <p>City Seattle State WA Zip Code 98101-3099</p> <p>Purpose of Disbursement Legal &amp; Accounting Services</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D106081</p> <p>Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2007</p> <p>Amount of Each Disbursement this Period 4067.04</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>B. U.S. Senate Restaurants</b></p> <p>Mailing Address 1st &amp; C Streets, NE</p> <p>City Washington State DC Zip Code 20510</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D106151</p> <p>Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2007</p> <p>Amount of Each Disbursement this Period 172.50</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>C. U Store IT</b></p> <p>Mailing Address 501 Callowhill Street</p> <p>City Philadelphia State PA Zip Code 19123</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Transaction ID: D105802</p> <p>Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2007</p> <p>Amount of Each Disbursement this Period 141.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>4380.54</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

27020213022

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
 Bob Casey for Senate Inc

<p>Full Name (Last, First, Middle Initial)  <b>A. Perkins Coie</b></p>		<p>Transaction ID: D105812                  Date of Disbursement                  MM / DD / YYYY                  04 / 11 / 2007</p>	
<p>Mailing Address 1201 3rd Ave., 40th Fl</p>		<p>Amount of Each Disbursement this Period                  4009.75</p>	
<p>City Seattle State WA Zip Code 98101-3099</p>	<p>Purpose of Disbursement                  Legal &amp; Accounting Services</p>	<p><input type="checkbox"/> Refund or Disposal of Excess                  Contributions Required Under                  11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/ Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: District:</p>	<p>Disbursement For: 2012  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>B. Verizon Wireless</b></p>		<p>Transaction ID: D106152                  Date of Disbursement                  MM / DD / YYYY                  05 / 24 / 2007</p>	
<p>Mailing Address P.O. Box 17464</p>		<p>Amount of Each Disbursement this Period                  528.88</p>	
<p>City Baltimore State MD Zip Code 21297</p>	<p>Purpose of Disbursement                  Telephone</p>	<p><input type="checkbox"/> Refund or Disposal of Excess                  Contributions Required Under                  11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/ Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: District:</p>	<p>Disbursement For: 2012  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial)  <b>C. Get Active</b></p>		<p>Transaction ID: D105803                  Date of Disbursement                  MM / DD / YYYY                  04 / 02 / 2007</p>	
<p>Mailing Address 2855 Telegraph Ave., Ste. 600</p>		<p>Amount of Each Disbursement this Period                  1505.00</p>	
<p>City Berkeley State CA Zip Code 94705</p>	<p>Purpose of Disbursement                  Web Services</p>	<p><input type="checkbox"/> Refund or Disposal of Excess                  Contributions Required Under                  11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/ Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President                  State: District:</p>	<p>Disbursement For: 2012  <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p>		
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>6043.63</p>	
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>			

27020213023

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

A. Green Ridge Self Storage

Mailing Address 521 Green Ridge St.

City State Zip Code  
Scranton PA 18509

Purpose of Disbursement  
Storage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D106153

Date of Disbursement

05 / 30 / 2007

Amount of Each Disbursement this Period

328.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 1201 3rd Ave., 40th Fl

City State Zip Code  
Seattle WA 98101-3099

Purpose of Disbursement  
Legal & Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108194

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

4094.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

C. NGP Software

Mailing Address 1101 Vermont Avenue, NW  
Suite 710

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Software Support

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D105804

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

975.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

5397.16

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)

Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

**A. Mayfield Strategy Group, LLC**

Mailing Address 961 Ilima Way

City  
Palo Alto

State  
CA

Zip Code  
94306

Purpose of Disbursement  
Internet Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108195

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

10219.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Get Active**

Mailing Address 2855 Telegraph Ave., Ste. 600

City  
Berkeley

State  
CA

Zip Code  
94705

Purpose of Disbursement  
Web Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108235

Date of Disbursement

05 / 15 / 2007

Amount of Each Disbursement this Period

1505.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. HealthAssurance PA, Inc.**

Mailing Address PO Box 8500-54197

City  
Philadelphia

State  
PA

Zip Code  
19178-4197

Purpose of Disbursement  
Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D105805

Date of Disbursement

04 / 02 / 2007

Amount of Each Disbursement this Period

1395.48

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

13119.48

TOTAL This Period (last page this line number only) ▶

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

<p>Full Name (Last, First, Middle Initial) <b>A. Get Active</b></p>		<p>Transaction ID: D105935 Date of Disbursement 04 / 24 / 2007</p>	
<p>Mailing Address 2855 Telegraph Ave., Ste. 600</p>		<p>Amount of Each Disbursement this Period 4515.00</p>	
<p>City Berkeley State CA Zip Code 94705</p>	<p>Purpose of Disbursement Web Services</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial) <b>B. U.S. Senate Restaurants</b></p>		<p>Transaction ID: D108196 Date of Disbursement 06 / 28 / 2007</p>	
<p>Mailing Address 1st &amp; C Streets, NE</p>		<p>Amount of Each Disbursement this Period 289.80</p>	
<p>City Washington State DC Zip Code 20510</p>	<p>Purpose of Disbursement Catering</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		
<p>Full Name (Last, First, Middle Initial) <b>C. One Communications</b></p>		<p>Transaction ID: D105806 Date of Disbursement 04 / 02 / 2007</p>	
<p>Mailing Address PO Box 1927</p>		<p>Amount of Each Disbursement this Period 593.04</p>	
<p>City Albany State NY Zip Code 12201</p>	<p>Purpose of Disbursement Telephone</p>	<p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>	
<p>Candidate Name</p>	<p>Category/Type</p>		
<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p>	<p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		

SUBTOTAL of Disbursements This Page (optional) ▶

5397.84

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

<p>Full Name (Last, First, Middle Initial) <b>A. U Store IT</b></p> <p>Mailing Address 501 Callowhill Street</p> <p>City Philadelphia State PA Zip Code 19123</p> <p>Purpose of Disbursement Storage</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D105886</p> <p>Date of Disbursement 04 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 250.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Verizon Wireless</b></p> <p>Mailing Address P.O. Box 17464</p> <p>City Baltimore State MD Zip Code 21297</p> <p>Purpose of Disbursement Telephone</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D105937</p> <p>Date of Disbursement 04 / 24 / 2007</p> <p>Amount of Each Disbursement this Period 80.21</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>C. NGP Software</b></p> <p>Mailing Address 1101 Vermont Avenue, NW Suite 710</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Software Support</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D108198</p> <p>Date of Disbursement 06 / 28 / 2007</p> <p>Amount of Each Disbursement this Period 1950.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>2280.21</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		



**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

**A. Mayfield Strategy Group, LLC**

Mailing Address 961 Ilima Way

City Palo Alto State CA Zip Code 94306

Purpose of Disbursement  
Internet Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D105938

Date of Disbursement

04 / 24 / 2007

Amount of Each Disbursement this Period

5000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. U.S. Senate Restaurants**

Mailing Address 1st & C Streets, NE

City Washington State DC Zip Code 20510

Purpose of Disbursement  
Meals

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D106038

Date of Disbursement

05 / 08 / 2007

Amount of Each Disbursement this Period

531.22

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**C. One Communications**

Mailing Address P.O. Box 1927

City Albany State NY Zip Code 12201

Purpose of Disbursement  
Telephone

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108199

Date of Disbursement

06 / 28 / 2007

Amount of Each Disbursement this Period

609.39

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

6140.61

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

<p>Full Name (Last, First, Middle Initial) <b>A. Millennium UN Plaza Hotel</b></p> <p>Mailing Address 44th Street</p> <p>City New York State NY Zip Code 10017</p> <p>Purpose of Disbursement Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D106039</p> <p>Date of Disbursement 05 / 08 / 2007</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>B. Penn Security Bank &amp; Trust Co.</b></p> <p>Mailing Address 150 N. Washington Avenue</p> <p>City Scranton State PA Zip Code 18503</p> <p>Purpose of Disbursement Credit Card Payment, See Below</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D105887</p> <p>Date of Disbursement 04 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 148.57</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p>
<p>Full Name (Last, First, Middle Initial) <b>C. Penn Security Bank &amp; Trust Co.</b></p> <p>Mailing Address 150 N. Washington Avenue</p> <p>City Scranton State PA Zip Code 18503</p> <p>Purpose of Disbursement Bank Fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Category/Type</p>		<p>Transaction ID: D105888</p> <p>Date of Disbursement 04 / 18 / 2007</p> <p>Amount of Each Disbursement this Period 76.96</p> <p><input type="checkbox"/> Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53</p> <p><b>[MEMO ITEM]</b></p>
<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>		<p>5148.57</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>		

# **SCHEDULE B (FEC Form 3 )** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

A. Full Name (Last, First, Middle Initial)  
Penn Security Bank & Trust Co.

Mailing Address 150 N. Washington Avenue

City State Zip Code  
Scranton PA 18503

Purpose of Disbursement  
Credit Card Payment, See Below

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108142

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

5943.99

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

B. Full Name (Last, First, Middle Initial)  
U.S. Senate Restaurants

Mailing Address 1st & C Streets, NE

City State Zip Code  
Washington DC 20510

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108146

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

3098.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)  
Bistro Bis

Mailing Address 15 E Street, NW

City State Zip Code  
Washington DC 20005

Purpose of Disbursement  
Catering

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108149

Date of Disbursement

06 / 05 / 2007

Amount of Each Disbursement this Period

2740.70

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

5943.99

TOTAL This Period (last page this line number only) ▶

59898.84

**SCHEDULE B (FEC Form 3 )  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)  
Bob Casey for Senate Inc

Full Name (Last, First, Middle Initial)

**A. American List Rental**

Mailing Address CN 5219

City Princeton State NJ Zip Code 08543

Purpose of Disbursement  
Refund of List Rental Income

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D108140

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

1640.16

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

Full Name (Last, First, Middle Initial)

**B. Tim Johnson For South Dakota, Inc.**

Mailing Address P.O. Box 1859

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contribution

Candidate Name  
Tim Johnson

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District:

Transaction ID: D108141

Date of Disbursement

06 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

☐ Refund or Disposal of Excess  
Contributions Required Under  
11 C.F.R. 400.53

SUBTOTAL of Disbursements This Page (optional) ▶

3640.16

TOTAL This Period (last page this line number only) ▶

3640.16

# United States Senate

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OFFICE OF PUBLIC RECORDS

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**07-13-07**

Date of Receipt

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS

☐

UPS

☐

DHL

☐

AIRBORNE EXPRESS

☐

RECEIVED FROM FEDERAL ELECTION COMMISSION

Date of Receipt

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NO POSTMARK ☐

FAX

Date of Receipt

OTHER

Date of Receipt or Postmark

PREPARER

**RD**

DATE PREPARED

**07-13-07**

27020213032

27020213033

